

Key Medi-Cal Specialty Mental Health Program Changes

A Medicaid State Plan Amendment implemented in October 1989 added targeted case management to the scope of benefits offered under the Short-Doyle/Medi-Cal (SD/MC) system.

Another State Plan Amendment, implemented in July 1993, added services available under the Rehabilitation Option to the SD/MC scope of benefits and broadened the range of personnel who could provide services and the locations at which services could be delivered.

Based on approval of a Section 1915(b) waiver effective March 17, 1995, California consolidated Fee for Service Medi-Cal (FFS/MC) and SD/MC psychiatric inpatient hospital services at the county level. County mental health departments became responsible for both FFS/MC and SD/MC psychiatric inpatient hospital systems for the first time.

In 1997, California requested a renewal, modification and renaming of the Medi-Cal Psychiatric Inpatient Hospital Service Consolidation waiver program to include both inpatient hospital and professional specialty mental health services under the responsibility of a single mental health plan (MHP) in each county. The renewed waiver, called Medi-Cal Specialty Mental Health Services Consolidation, was approved by CMS on September 5, 1997.

Implementation of the renewed waiver, referred to as "Phase II" implementation, was completed by July 1998. MHPs became responsible for authorization and payment of professional specialty mental health services that were previously reimbursed through the FFS/MC claiming system. At that time, both inpatient hospital and professional Medi-Cal specialty mental health services previously reimbursed through FFS/MC and SD/MC claiming systems became the responsibility of a single entity, the MHP, in each county.